

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Morishita et al.

Art Unit: 1632

Application No. 09/857,719

CERTIFICATE OF MAILING

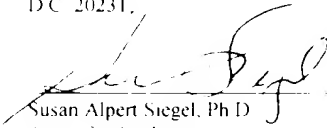
Filed: December 3, 2001

For: GENE THERAPY FOR  
CARDIOMYOPATHY

Examiner: Not yet assigned.

Date: July 17, 2002

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service on July 17, 2002 as First Class Mail in an envelope addressed to COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231.

  
Susan Alpert Siegel, Ph.D.  
Agent for Applicant

**INFORMATION DISCLOSURE STATEMENT**  
**PURSUANT TO 37 C.F.R. § 1.97(b)(3)**

COMMISSIONER FOR PATENTS  
WASHINGTON, DC 20231

Sir:

Listed on the accompanying form PTO-1449 and enclosed herewith are several English-language documents. Applicants respectfully request that these documents be listed as references cited on the issued patent.

Pursuant to 37 C.F.R. § 1.98 (c), a copy of PCT WO 01/32220 is not included herewith because it is substantively cumulative of the enclosed European Patent Application EP 1142590(A1). For the Examiner's convenience a copy of Abstract of WO 01/32220 is included.

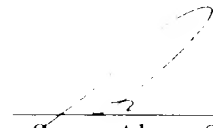
Applicants filed this Information Disclosure Statement ("IDS") before the mailing date of a first Office action on the merits. As a result, no fee should be required to file this IDS. However, if the Patent Office determines that a fee is required for Applicants to file this Information Disclosure Statement, please charge any such fees, or credit overpayment, to Deposit Account No. 02-4550. A **duplicate** copy of this Information Disclosure Statement is enclosed.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

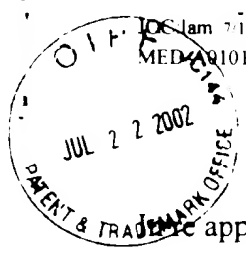
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1632



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PATENT  
Attorney Reference Number 6235-59216

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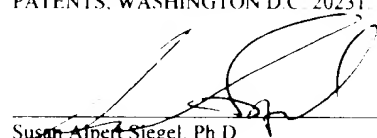
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Agent for Applicant

TRANSMITTAL LETTER

COMMISSIONER FOR PATENTS  
WASHINGTON, DC 20231

Enclosed for filing in the application referenced above are the following:

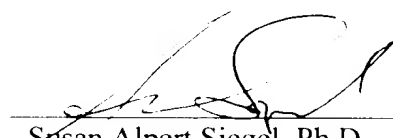
- ☒ Information Disclosure Statement
  - ☒ Form 1449 and references cited thereon
  - ☐ IDS Fee of \$180.00
- ☒ Small entity status is claimed for this application.
- ☒ The Director is hereby authorized to charge any additional fees that may be required, or credit over-payment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

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Respectfully submitted,

KLARQUIST SPARKMAN, LLP

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cc: Docketing